MaineCare Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

SYN.11
Form # 30130
R:07.09

HYALURONIC ACID DERIVATIVES

Phone: 1-888-445-0497

ONE Drug Per Form ONLY – Use Black or Blue Ink

Fax: 1-888-879-6938

Member ID #: |__|__|__|__|__|__|__|__|__|__| (NOT MEDICARE NUMBER) Patient Name: _____ DOB: _____

Patient Address: _____

Provider DEA: |__|__|__|__|__|__|__|__|__| Provider NPI: __|__|__|__|__|__|__|__|__|__| NDC: |__|__|__|__|__|__|__|__|__|__|__|

Provider Name: _____ Phone: _____

Provider Address: _____ Fax: _____

Pharmacy Name: _____ Rx Address: _____ Rx phone: _____

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: __|__|__|__|__|__|__|__|__|__| NABP: |__|__|__|__|__|__|__| NDC: |__|__|__|__|__|__|__|__|__|__|__|

Who will supply this product to the patient?

- ☐ **Pharmacy**-fax this request to 1-888-879-6938 **OR**
- ☐ Prescriber-**fax this request to 207-287-7643** Provider ID #: _____
  Billing Affiliation: _____

DRUG REQUESTED

- ☐ **Synvisc (Hylan G-F 20), 16 mg; 2.25 ml syringe X 3 (J7322)**
- ☐ **Synvisc One (Hylan G-F 20), 48mg; 6ml syringe X 1 (J3490)**
- ☐ **Hyalgan (Sodium hyaluronate), per 5 mg "unit"; 4 units (20 mg) X 5 (J7321)**
- ☐ **Euflexxa (Sodium hyaluronate), 2ml qwk X 3 (J7323)**
- ☐ **Orthovisc (Hyaluronan), 2ml qwk X 3-4 (J7324)**

KNEE BEING TREATED (if repeat injection, indicate date of last injection)

☐ Right knee ___/___/___ ☐ Left knee ___/___/___ ☐ Both ___/___/___

Medical Necessity Documentation for INITIAL Injections
ALL of the following are required:

- ☐ Painful osteoarthritis (OA) that is severe enough to interfere with functional activities (ambulation, prolonged standing)
- ☐ Failed a trial of at least **3 months** of at least **two** of the following therapies (or was intolerant):

  {Please circle a minimum of two and provide supporting documentation (chart notes)}:

  NSAIDS/Cox-2 inhibitors acetaminophen topical capsaicin cream physical therapy

- ☐ Failed to adequately respond to aspiration and injection of intra-articular steroids

Medical Necessity Documentation for SUBSEQUENT Injections

BOTH are required:

- ☐ At least 6 months have passed since last Synvisc or Hyalgan injection into this knee
- ☐ Medical record contains documentation of a significant improvement in pain and functional capacity **OR** a significant reduction in the dose of analgesics or NSAIDS in the 6 month period following the previous series of injections **(please provide chart notes documenting last injection and subsequent improvement)**
- ☐ Other: _____

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ **Date of Submission:** _____

***MUST MATCH PROVIDER LISTED ABOVE**